PART B - FEE(S) TRANSMITTAL

Complete and se	end this form, together w	ith applicable f	or <u>Fax</u>		Mail Stop ISSUI Commissioner fo P.O. Box 1450 Alexandria, Virg (703) 746-4000				
INSTRUCTIONS: Ti appropriate. All furth indicated unless corre maintenance fee notif	his form should be used for tra er correspondence including the ected below or directed otherwis ications.	nsmitting the ISSU Patent, advance or e in Block 1, by (a	JE FEE and ders and not specifying	PUBLIC tification a new co	ATION FEE (if requ of maintenance fees v rrespondence address;	ired). Blocks 1 through 5 vill be mailed to the curren and/or (b) indicating a sep	should be complet correspondence parate "FEE ADI	leted where address as DRESS" for	
CURRENT CORRESPO 2352 OSTROLEN	NDENCE ADDRESS (Note: Use Block 1 fo 7590 07/28/2004 K FABER GERB & SO E OF THE AMERICAS	or any change of address)	OCT 122)CA8	Note: A certificate of Fee(s) Transmittal. The papers. Each additional have its own certificate. Cel I hereby certify that the States Postal Service addressed to the Mairansmitted to the USP	mailing can only be used is certificate cannot be used all paper, such as an assignment of mailing or transmission. **Tifficate of Mailing or Transis Fec(s) Transmittal is being the sufficient postage for fill Stop ISSUE FEE address TO (703) 746-4000, on the Gray III	for domestic mai for any other ac- tent or formal dra- tential dra- dra- dra- dra- dra- dra- dra- dra-	llings of the companying awing, must	
L ARRIGATION NO		T							
APPLICATION NO 10/049,976				FIRST NAMED INVENTOR Tracey Cooke		P/3610-27	CONFIRMAT 6221		
TITLE OF INVENTION									
APPLN. TYPE	PPLN. TYPE SMALL ENTITY		ISSUE FEE		BLICATION FEE	TOTAL FEE(S) DUE	TOTAL FEE(S) DUE DATE I		
nonprovisional	nonprovisional NO		x\$₹3€% \$ - 1370 - 00		\$0	\$1 . 370.0	10/28/20	004	
	EXAMINER		ART UNIT		ASS-SUBCLASS	1 \$1,370.0	U		
RAYMOND, RICHARD L		1624			514-336000				
"Fee Address" in PTO/SB/47; Rev 0. Number is require	AND RESIDENCE DATA TO Juless an assignee is identified borth in 37 CFR 3.11. Completion	ation form se of a Customer BE PRINTED ON To below, no assignee of this form is NO	or agents (2) the na registered 2 registered listed, no THE PATEN data will app T a substitute	OR, altername of a side attorney ed patent name will T (print or pear on the for filing	ingle firm (having as a or agent) and the nam attorneys or agents. If be printed.	member a es of up to no name is 3ee is identified below, the	document-has be		
AVENTIS	CROPSCIENCE S.A	١.	FRAN	CE					
	priate assignee category or categ	ories (will not be pr	inted on the p	patent);	individual 🖫 c	orporation or other private g	roup entity 🚨	government	
4a. The following fcc(s) are enclosed:	4b	Payment of			Chook No	18353	for	
	☐ Publication Fee (No small entity discount permitted)			A check in the amount of the fee(s) is enclosed. Check No. 18352 for payment by credit card. Form PTO-2038 is attached. \$1,400.00					
Advance Order -	# of Copies 10=\$ 30.6	<u>6</u>	•	ector is he	reby authorized by ch	arge the required fee(s), or enclose an extra	credit any overg	payment, to	
	tatus (from status indicated abov	•	D1 A		alaining Chart PND	CITY 27 CT	ID 1 27()(2)		
The Director of the US NOTE: The Issue Fee	ns SMALL ENTITY status. Sec PTO is requested to apply the Iss and Publication Fee (if required) he records of the United States Pa	sue Fee and Publicat will not be accepted tent and Trademark (Date)	tion Fee (if a	ny) or to r	e-apply any previousl	• • • • • • • • • • • • • • • • • • • •	ation identified a		
William O	Gray, III, RN	# 30,944			or retain a benefit by t estimated to take 12 i	he public which is to file (ar ninutes to complete, includi	nd by the USPTO	to process)	
submitting the comple this form and/or sugge Box 1450, Alexandria Alexandria, Virginia 2	mation is required by 37 CFR 1, entiality is governed by 35 U.S. ted application form to the USP stions for reducing this burden, s. Virginia 22313-1450. DO NOT 2313-1450.	FO. Time will vary should be sent to the SEND FEES OR C	depending use Chief Infon	pon the ir mation Of D FORMS	dividual case. Any co ficer, U.S. Patent and TO THIS ADDRESS	mments on the amount of t Trademark Office, U.S. Dep S. SEND TO: Commissioner	ime you require to partment of Comi for Patents, P.O.	to complete merce, P.O. Box 1450,	

TRANSMIT THIS FORM WITH FEE(S)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.